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KanCare Increases Services Provided to Vulnerable Consumers KDADS Secretary Sullivan testifies before legislative oversight committee

TOPEKA – Kansas Department for Aging and Disability Services (KDADS) Secretary Shawn Sullivan told a legislative oversight committee Tuesday that during the first year home- and community-based services (HCBS) were included in KanCare, more individuals on the state HCBS waiver programs experienced increases in the services provided by their Plans of Care than experienced decreases.

Testifying before the Robert G. Bethell Joint Committee on Home and Community Based Services (HCBS) and KanCare oversight, Secretary Sullivan said 3,254 consumers, or 27 percent of the 12,000 consumers in the waiver programs, received an increase in services during the first year of KanCare; 1,300, or 11 percent, experienced a reduction in services, and another 400 had services reduced voluntarily.

"We realize that there was concern among these consumers, their families and advocates about how KanCare was going to affect them. As you can see from these numbers, the effect of KanCare overall has been to increase services to these vulnerable consumers," Secretary Sullivan said.

"The care coordination process is working as it was designed to work," the Secretary said.

One example of this cited by the Secretary was that of an individual on the Physical Disability waiver who, prior to KanCare, had been to the emergency room numerous times. This consumer's managed care organization (MCO) care coordinator followed up on a monthly basis, helped the member with an improved diet to better control diabetes, made a dental referral and coached the member on when it is and is not necessary to visit the emergency room. The consumer had increased appropriate contract with the primary care provider. Value-added resources not available under the old Medicaid pay-for-service were added to

assist with this consumer's management of chronic medical issues. The individual's blood sugar levels dropped and asthma symptoms were controlled. The consumer has not had to return to the emergency room.

In addition to care coordination, the MCOs have provided millions of dollars of "value-added benefits" to HCBS clients. Value-added benefits are those that were not provided in the old Medicaid system prior to KanCare and are health-promotion and preventative services aimed at keeping a person at home, healthy and independent.

As a result of significantly improved care coordination, value added services and the increase in services for individuals on the HCBS waivers, there have been 8,061 fewer emergency room visits by individuals served through the Physical Disability, Developmental Disability and Frail Elderly waiver programs, which represents a 27 percent decrease in emergency room utilization compared to old Medicaid.

Secretary Sullivan also testified that claims for services to individuals on the intellectual/developmental disability waiver, whose HCBS services were incorporated into KanCare on February 1, 2014, had a miniscule 1.93 percent denial rate for HCBS services and 2 percent denial rates for targeted case management billing. Average turnaround time for payment of claims statewide was 5.8 days for HCBS services, and 6.2 days for targeted case management services.

"This shows claims for people on the I/DD waiver are being paid, and being paid in a timely fashion," Secretary Sullivan said. "KDADS staff have worked had with providers, case managers and the MCOs to produce these outstanding results, and I am grateful for the cooperation and team spirit everyone exhibited during the I/DD launch period."

The MCOs have concentrated on working with providers to ensure the billing process goes smoothly, participating in regular conference calls, providing on-site training and one-on-one assistance, developing provider-specific communications, creating guides to help providers navigate the billing process and hosting provider training webinars.